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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Venezuela

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Venezuela with a duration of two years that supports activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $1,850,000 from general resources, subject to the availability of funds, and $1,200,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1997.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

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BASIC DATA
(1994 unless otherwise indicated)

Child population (millions, 0-15 years)	8.3
U5MR (per 1,000 live births)	24
IMR (per 1,000 live births)	20
Underweight (% moderate and severe) (1987)	5.9
Maternal mortality rate (per 100,000 live births) (1993)	...
Literacy (% male/female) (1990)	91/89
Primary school enrolment (% net, male/female) (1991)	90/92
Primary school children reaching grade 5 (%) (1992)	78.1
Access to safe water (%) (1990)	79
Access to health services (%)	..
GNP per capita (1993)	$2,840
One-year-olds fully immunized against:	
tuberculosis:	95 per cent
diphtheria/pertussis/tetanus:	63 per cent
measles:	94 per cent
poliomyelitis:	73 per cent
Pregnant woman immunized against:	
tetanus:	..

THE SITUATION OF CHILDREN AND WOMEN

1. In the late 1980s, Venezuela entered a period of economic recession and instability from which it is still recovering. The recession was characterized by negative growth of gross national product, increasing unemployment, high inflation and decreased expenditures on social services. Although per capita income ($2,840 in 1993) is among the highest in Latin America, poverty continues to spread. In 1993, 62 per cent of households were classified as living in poverty, and over one half of these were in extreme poverty. At the end of 1994, over 71 per cent of households were in poverty, of which 41 per cent were in extreme poverty.

2. In spite of the economic difficulties, the country has made progress towards some of the goals established at the World Summit for Children and reflected in the national programme of action (NAP) for children prepared in 1991. Although immunization rates had been low by Latin American standards in the early 1990s, the country was approaching universal child immunization (UCI) by late 1995. Only one death from measles was reported that year. Iodine deficiency disorders exist in the Andean areas but, in 1995, 93 per cent of salt produced for human consumption was iodinated, up from 80 per cent in 1994. Vitamin A deficiencies are addressed through a wheat and corn flour fortification programme. The country's first baby-friendly hospital was certified in 1995, and 15 more are in line for certification. Venezuela ratified the Convention on the Rights of the Child in 1990; its first report to the Committee on the Rights of the Child is overdue.

3. During the period 1980-1992, the under-five mortality rate declined an average of 4.6 per cent per year, from 42 to 24 per 1,000 live births, but the decline seems not to have progressed further since that time. There are important geographic disparities in child death patterns: infant mortality in the populous state of Zulia is 50 per cent above the national average and, in Amazonas state, with a predominantly indigenous population, it is more than double the national average. The trend in child nutrition is worsening. The proportion of low-birth-weight babies increased from 9.6 per cent in 1989 to 12.1 per cent in 1993. Girls' school enrolment is higher than for boys from primary through university levels, but relatively few reach senior levels in business or Government. While nearly all children over the age of seven years are guaranteed access to basic education, repetition and drop-out rates are increasing. Only 63 per cent of schoolchildren successfully complete the sixth grade, and less than one quarter of them do so without repeating a grade. A challenge to UNICEF cooperation is to help the country sustain the achievements so far towards the mid-decade goals. Doing so would help to mobilize the capacities developed to accelerate progress towards the NPA goals for the year 2000.

PROGRAMME COOPERATION, 1991-1995

4. UNICEF support had the objectives of contributing to the reduction of infant, under-five and maternal mortality; achieving UCI and the eradication of polio; reducing malnutrition and promoting breast-feeding; increasing coverage of day-care services; reducing grade repetition and school desertion; and supporting policy coordination mechanisms for women's issues.

5. The results in relation to the objectives are not entirely satisfactory. The worsening economic and social situations, compounded by the country's restricted resources and a decline in institutional capacities, hindered progress in the reduction of under-five and maternal mortality. Polio has been eliminated, but immunization coverage was relatively low for the first years of the programme. Day-care coverage has grown from 10,000 children under the age of six years in 1989, to 250,000 in 1994. Efforts to make rural basic education more responsive to the needs of children need to be systematized and expanded. UNICEF collaborated in the programme for restructuring the education sector funded by the World Bank and Inter-American Development Bank (IDB). Criteria for eliminating gender, colour, ethnic and social discrimination from school curricula were established. UNICEF supported the creation of a National Women's Council and a system to manage statistics on gender-related issues. The Andean and Amazonian subregional programmes both operate in Venezuela, providing opportunities for local development initiatives in Trujillo, Apure, Tachira and Amazonas states, as well as in poor areas of municipal Caracas.

6. The arrival of a new Government in 1994 brought new opportunities for advocacy and mobilization. Coordination of the programme was assumed by the National Coordination and Planning Office of the Presidency, an agency with decision-making authority in both the economic and social sectors, and responsible for preparation of the IX National Development Plan which took effect in 1995.

Lessons learned

7. Advocacy for national commitment to the goals of the World Summit for Children has been increasingly successful, as evidenced by the close cooperation with the National Coordination and Planning Office in the development of the proposed programme, and the programme's consistency with the goals of the IX National Development Plan. This interlinkage could be further strengthened by advocacy for children in the context of the Convention on the Rights of the Child, to which Venezuela is a State party.

8. Given limited government resources, the potential role of the private sector in promoting and protecting the interests of children has become increasingly important, and should also be a stronger subject of advocacy. Likewise, developing partnerships with religious and other types of non-governmental organizations (NGOs) through the NGO National Coordinating Commission should be pursued.

9. UNICEF advocacy across a broad spectrum of issues affecting children is appropriate, but direct UNICEF support to activities should be highly selective, focusing on critical problems and relatively underserved areas. Experiences in underserved areas should contribute significantly to advocacy at high decision-making levels, which would provide alternative models for addressing child poverty in a concerted way by the Government, the private sector, NGOs and communities.

RECOMMENDED PROGRAMME COOPERATION, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1996	1997	Total
Public policies for children and women	110	135	245
Social mobilization	130	170	300
Survival	140	170	310
Child development and education	135	170	305
Programme support	335	355	690
Subtotal	850	1 000	1 850
Supplementary funds			
Social mobilization	40	80	120
Survival	150	300	450
Child development and education	150	300	450
Programme support	60	120	180
Subtotal	400	800	1 200
Total	1 250	1 800	3 050

10. The country programme includes important strategic changes from earlier UNICEF support to Venezuela, particularly with regard to the significance given to children's and women's rights, broader involvement of non-governmental sectors and the strong emphasis on advocacy. For this reason, the programme is presented as a two-year "bridging" proposal. The appropriateness and effectiveness of the strategies will be monitored and analysed as a full country programme is developed.

11. The IX National Development Plan includes several core elements of special importance to children in Venezuela and of special relevance to UNICEF support to the country: (a) social issues are not separate from economic policy, and social equity is a guiding principle for national development; (b) broad public participation in solving the countries problems is critical; (c) education reform; and (d) reform of the state. National goals include compliance with the commitments assumed with ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, and achieving and sustaining the goals established at the World Summit for Children.

12. The objectives will be directed towards: (a) adaptation of the country's legal and policy framework so that they are compatible with the provisions of the two Conventions; (b) helping to develop the institutional capacity to meet the World Summit goals with respect to health and survival, including those related to immunization, acute respiratory infections (ARI), diarrhoeal diseases, breast feeding and the Baby-Friendly Hospital Initiative, and reproductive health, particularly among adolescents; and (c) improving the quality of and access to basic education. A strong focus will be on geographic areas and population groups that suffer from the greatest disparities.

13. Advocacy with the Government at national, state and municipal levels, as well as the mobilization of the private sector, NGOs, communities and the general public, will be the principal programme strategies. These will be complemented by technical assistance and training in the areas of planning, management, monitoring and evaluation to strengthen the capacities of governmental and non-governmental institutions to provide social services.

14. The recommendation includes programmes for public policies for children and women, social mobilization, survival, child development and education, and programme support. The Andean and Amazonian subregional programmes are both considered as integral parts of UNICEF programming in Venezuela, but, because of their multi-country characters, they are presented to the Executive Board separately.

Public policies for children and women

15. The programme is designed to contribute to a legal framework and a set of public policies consistent with the terms of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Advocacy on these themes will be directed at the country's political leadership and will be complemented by technical support in legal issues (including child labour, delinquency and general protection), planning and policy analysis, as well as support to demonstration projects for children in difficult circumstances.

Social mobilization

16. The programme will promote widespread knowledge of issues affecting women and children with a view to generating public understanding of - and demand for - protection of their rights. UNICEF will work in partnership with the Government, religious and other NGOs, the mass media and the private sector to mobilize human, technical, organizational and financial resources to educate and take other actions on children's rights of survival, development, protection and participation.

Survival

17. Through this programme, UNICEF will advocate for better preventive health care for children and women and support capacity-building in the planning and monitoring of national efforts to reduce maternal and child mortality, including immunization, reproductive health, breast-feeding, and actions targeting diarrhoeal diseases, ARI and perinatal complications. UNICEF support will focus on the states of Zulia and Amazonas and the municipality of Caracas.

Child development and education

18. The programme will support one of the principle elements of the IX National Development Plan, improving the quality and coverage of education. UNICEF will provide technical support which will mobilize capacity to revise basic education curriculum, learning materials and teaching methodologies. UNICEF also will provide training, and technical and financial support for community child-care networks to further increase the coverage and quality of care for children under the age of six years.

Programme support

19. A portion of general resources will be allocated for staffing and operations support to the programme. Additional project support costs, including technical assistance and personnel costs, are included in the supplementary-funded components of the programme.

Monitoring and evaluation

20. Overall programme evaluation will be coordinated by the Central Coordination and Planning Office of the Presidency through annual reviews. The review at the end of 1996 will be critical for establishing the programme strategy for the full country programme expected to begin in 1998.

Coordination with other United Nations agencies

21. The programme complements those of other United Nations agencies, particularly of the World Health Organization/Pan American Health Organization in strengthening the health care management and delivery system; the United Nations Educational, Scientific and Cultural Organization in primary education; and the International Labour Organization with respect to the rights of working children. UNICEF will work with the World Bank and IDB in programmes for restructuring the health care and education sectors.